

CLAIMS ONLY							Application Number <i>16698411</i>	Filing Date	
							Applicant(s)		
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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50									
Total Indep	1								
Total Depend	23								
Total Claims	24								